

No. 60-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Maria Ceccolini CarloniAge 70 years 9 months 10 daysPlace of death Newton St., SouthboroDate of death 1-5-60Cause of death Cerebral ThrombosisInterment at Rural CemeteryDate permit issued 1-6-60Certified by Raymond Cannon M. D.

No. 60-1

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Maria C. Carloni

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)

on Jan 8 1960

Certified by Harold Stines  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 60-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Edw J Gaffey & Sons  
MedfordName of deceased John Martin CroweAge 66 years 8 months 2 daysPlace of death Flagg RdDate of death 1/11/60Cause of death Sudden Death Presumably  
Coronary ThrombosisInterment at Sr Augustine Andover.Date permit issued 1/16/60Certified by Walter J Mahoney Med Exam M. D.

No. 60-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John Joseph (Martin) Crowe

If a U. S. War Veteran, specify what war, organization, etc.

US Navy Dec '17 - Jan '19 - Rank "E"**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Augustine's, Andover, Mass.  
(Name of cemetery or crematory) (City or town)on January 14, 1960.Certified by Harry B. Smith  
(Signature of Superintendent, cemetery or crematory) **Pastor**

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rob't K. Wadsworth - FraminghamName of deceased Charles Royal WoodsAge 81 years 7 months 19 daysPlace of death School StDate of death 1-15-60Cause of death Cerebral ThrombosisInterment at Newton CemeteryDate permit issued 1-18-60Certified by J. D. Stone M. D.



No. 60-3

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Charles R. Woods

If a U. S. War Veteran, specify what war, organization, etc.

# ENDORSEMENT

# ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at NEWTON CEMETERY & CREMATORY  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on .....

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 60-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Robt K. WadsworthName of deceased Frederick E. PorterAge 91 years 10 months 22 daysPlace of death Oak Hill RdDate of death 2-12-60Cause of death General ArteriosclerosisInterment at New Pine Grove - Waterbury, Conn.Date permit issued 2-14-60Certified by RA Johnson M. D.

No. 60-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John J. Brown, MarlboroName of deceased Vincent B. DunnAge 61 years 1 months 14 daysPlace of death Marlboro Rd.Date of death 2-25-60Cause of death Duodenal Ulcer, perforatedInterment at Rural - SouthboroDate permit issued 2-28-60Certified by J. J. Brown, M. D.

No. 60.5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Vincent B. Dunn

If a U. S. War Veteran, specify what war, organization, etc.

US Army - WW I - 10/14/18 - ?**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on Feb 28 1960Certified by Donald J. Peters  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.





JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-1

Division of  
Vital Statistics

## COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, Southboro (city or town) March 5 1960 (date)

A removal permit, properly endorsed, has been received for the removal from Glendale, Ariz (city or town) and the interment at Rural (state) cemetery in Southboro of the body of Ernesto Piero Walla (full name of deceased)

who died February 16 1960 (month, day and year) Age 77 years 11 months 19 days.

Cause of death (if known) not stated = allegedly, Intercic carcinoma

Residence at time of death Glendale, Arizona

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

# 34 - dated 2/18/60 by Margaret Carner, Deputy Glendale, Ariz  
24 N 1st Ave  
 Endorsed by Harold Stivers, Southboro, Mass  
Timothy P Stone, Agent Bd. of Health  
 (Copy prepared by) (Title)

## PREPARE IN TRIPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.



No. 60-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Lawrence Volpe Jr.,  
Frank.Name of deceased Charles RenziAge 48 years        months        daysPlace of death Southville - while fishingDate of death 5/5/60Cause of death Sudden - presumably  
Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 5/6/60  
as medCertified by Mahoney - examiner. M. D.

No. 60-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Bd of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles Renzi

If a U. S. War Veteran, specify what war, organization, etc.

WWII - Army - Tec 5 - 31-090-370**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory) (City or town)on May 9 1960Certified by Harold Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## The Commonwealth of Massachusetts



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-2

Division of  
Vital Statistics

## COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, SOUTHBORO  
(city or town)5-18 1960  
(date)

A removal permit, properly endorsed, has been received for the removal from  
Allandale Florida and the interment at Rural  
(city or town) (state)

cemetery in Southboro of the body of Arthur F. Brewer  
(full name of deceased)

who died May 11 1960 Age 82 years months days.  
(month, day and year)

Cause of death (if known)

Residence at time of death Allandale Florida

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Permit No 414 dated 5/12/60 issued to HA Quarterman (license)  
Buried 5/14/60 per Harold Stivers

Timothy P. Stone  
(Copy prepared by)

Agent Bd of Health  
(Title)

## PREPARE IN TRIPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.



## The Commonwealth of Massachusetts



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-3

Division of  
Vital Statistics

## COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, SOUTHBORO  
(city or town)June 1 1960  
(date)

A removal permit, properly endorsed, has been received for the removal from

Bellerille, Illinois  
(city or town) (state)and the interment at Ruralcemetery in Southboro of the body of ASHES Alice Mae Slocomb  
(full name of deceased)who died 12-28-59 1959 Age 97 years .....months .....days.  
(month, day and year)Cause of death (if known) Cerebral ThrombosisResidence at time of death Bellerille, Illinois

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Ashes - Permit #855 - Issued 12/30/59 to KURRUS FUN. HOME of E. St. Louis, Ill.Timothy P. StoneAgent Bd of Health

(Copy prepared by)

(Title)

## PREPARE IN TRIPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.



No. 60-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm TigheName of deceased Joseph J. TrioliAge 62 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death TurnpikeDate of death 6-11-60Cause of death Suddenly : presumed. Coron. Thromb.Interment at Rural.Date permit issued 6/13-60Certified by Mahoney - as M.E. M. D.

No. 60-7

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Bd of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of PO Box 97, Southboro Mass.

Name of deceased J. J. Trioli

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.  
at.....  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on June 14, 1960

Certified by Harold Stivers  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving HarperName of deceased Ruth M. McKieAge 66 years 11 months 22 daysPlace of death CordavilleDate of death 7-14-60Cause of death Sudden Death, presumably  
Coronary ThrombosisInterment at SouthboroDate permit issued 7-15-60Certified by Walter Mahoney as med  
examiner M. D.



No. 60-8

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Ruth M. McKieIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on July 18, 1960Certified by Harold Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 60-9**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James P. Binner

If a U. S. War Veteran, specify what war, organization, etc.

No.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.  
(Name of cemetery or crematory) (City or town)on September 2, 1960Certified by Ernest Hansen  
(Signature of Superintendent, cemetery or crematory)  
E.

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Alex. De Vito

Name of deceased

Mary C. Fidele Pariselli

Age

64

years

months

days

Place of death

Silvane Rd.

Date of death

9/6/60

Cause of death

Sudden Death, presumably  
(Coronary Sclerosis).

Interment at

Cambridge Cem'y, Cambridge

Date permit issued

9/6/60

as med examiner

Certified by

Walter Mahoney

M. D.

No. 60-X

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97 Southboro. Mass.

Name of deceased Mary C. Fedele Pariselli

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cambridge Cemetery, Cambridge  
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on Sept. 9, 1960

Certified by Ralph N. Hamilton, Supt.  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 60-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald MorrisName of deceased James T. DonlanAge 66 years 11 months 23 daysPlace of death 5 Cottage StDate of death 10-1-60Cause of death Carcinoma, r. lungInterment at Rural Cem., SouthboroDate permit issued 10-3-60Certified by Jos. Annunziata M. D.

No. 60-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased James T. DonlanIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on Oct 4 1960Certified by Norah Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Louis ZocchiAge 75 years 0 months 6 daysPlace of death Central StDate of death 12/11/60Cause of death Sudden Death, presumed  
Coronary ThrombosisInterment at RuralDate permit issued 12/12/60Certified by Walter Mahoney (med exam.) M. D.



No. 60-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Louis ZocchiIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on Dec 14, 1960Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-13**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Geo Sessions Sons Co WorcesterName of deceased Dwight E. PrierAge 58 years 1 months 2 daysPlace of death Lovers LaneDate of death Dec 11, 1960Cause of death Carcinoma, PancreasInterment at Rural - SouthboroDate permit issued 12-13-60Certified by J. P. Stone M. D.

No. 60-13**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Bd of Health  
(Office issuing permit)City or Town of Southboro P. O. Box No 97 Mass.Name of deceased Dwight E. PriestIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on Dec 14, 1960Certified by Harold L. Lewis  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 60-14

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to John W. Sullivan Marlboro

Name of deceased Augusta B. Roux

Age 41 years months days

Place of death Southville Rd., Cordaville

Date of death 12/14/60

Cause of death Sudden Death, presumably Cor. Thromb.

Interment at Rural - Southboro

Date permit issued 12-16-60

Certified by W. F. Mahoney, M.D. med examiner

No. 60-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of PO Box 97 Southboro Mass.Name of deceased Augusta B. RouxIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on Dec 17, 1960Certified by Harold Steiner  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-1

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Donald Morris

Name of deceased John Finn

Age 65 years 5 months 15 days

Place of death Turnpike, cor Flag Rd.

Date of death 8 Jan '61

Cause of death Sudden Death, presumably  
Coronary Thrombosis

Interment at Rural Cem., Southboro

Date permit issued 8 Jan '61

Certified by Walter Mahoney medical  
examiner M. D.



No. 61-1

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased John J. Finn.

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on Jan 11 1961

Certified by Harold Steves  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Rebecca Jean (MacDonald) GoffAge 80 years 1 months 17 daysPlace of death Oregon Rd.Date of death 1 / 11 / 61Cause of death Cerebral HemorrhageInterment at Rural, SouthboroDate permit issued 1 / 13 / 61Certified by Wilfred J. Cochrane M. D.

No. 61-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97 Southboro Mass.Name of deceased Rebecca J. GoffIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on Jan 14 1961Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 61-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Cordelia Denise JackmanAge 77 years 11 months 29 daysPlace of death Oak Hill RdDate of death January 30, 1961Cause of death Sudden Death, presumably  
Coronary ThrombosisInterment at Rural - SboroDate permit issued Feb 1, 1961Certified by Walter F. Mahoney M. D.

No. 61-3

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Cordelia Denise Jackman

If a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)

on Feb 5 1961

Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John W. Sullivan - MarlboroName of deceased Robert V. AngerAge 36 years ..... months ..... daysPlace of death Rte 30Date of death 2-15-61Cause of death back rib, punct. lung, hemorrhageInterment at Sr. Mary's Cem - MarlboroDate permit issued 2-17-61Certified by Walter Mahoney <sup>med</sup> examiner M. D.



No. 61-4**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Robert V. Anger

If a U. S. War Veteran, specify what war, organization, etc.

Co B, 103 Infantry - # 31262896**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery, Marlboro  
(Name of cemetery or crematory)on February 18, 1961Certified by Rt. Rev. A. R. Julien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. ....

61-5

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to .....

Donald C. Morris

Name of deceased .....

Charles F. McNeil

Age .....

65

years .....

8

months .....

26

days

Place of death .....

Southville Rd., Southville

Date of death .....

Feb 22, 1961

Cause of death .....

Sudden Death, presum. Cor. Thrombosis

Interment at .....

St Lukes Cem., Westboro

Date permit issued .....

Feb 25, 1961

Certified by .....

Walter Mahoney

as med

Exam.

M. D.

No. 61-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles F. McNeilIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Luke's Cemetery Westboro,  
(Name of cemetery or crematory)on Feb 27, 1961Certified by Raymond S. Burke  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Thomas H. Bagley Jr

Age

68

years

7

months

28

days

Place of death

Walker St

Date of death

4 / 6 / 61

Cause of death

Coronary Thrombosis

Interment at

Rural - Southboro

Date permit issued

4 / 7 / 61

Certified by

J. D. Stone

M. D.

No. 61-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Thomas H. Bagley Jr.If a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on April 8 1961Certified by Harold Stuenkel  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. ....

61-7

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to .....

Donald C. Morris

Name of deceased .....

Mary E. McEvoy

Age .....

63

years .....

—

months .....

2

days

Place of death .....

Middle Rd.

Date of death .....

4 - 17 - 61

Cause of death .....

Sudden Death, presumably Coron. Thromb.

Interment at .....

Rural - S-boro

Date permit issued .....

4 - 17 - 61

Certified by .....

Walt J. Mahoney - as med exam

M. D.



No. 61-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of P.O. Box 97 Southboro Mass.Name of deceased Mary E. McEvoyIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on April 19 1961Certified by Harold Stetson  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-8

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Thomas Peter Thompson

Age 85 years 2 months 22 days

Place of death E. Main St., Southboro

Date of death 4-26-61

Cause of death Arteriosclerotic Heart Disease

Interment at Rural - Southboro

Date permit issued 4-26-61

Certified by J. P. Stone M. D.

No. 61-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Thomas P. ThompsonIf a U. S. War Veteran, specify what war, organization, etc.  
  
\_\_\_\_\_  
  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on April 28 1961Certified by Karole Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 61-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. Coldwell, MarlboroName of deceased Charles Sanborn NicholsAge 74 years 7 months 27 daysPlace of death Central St., JayvilleDate of death 5-10-61Cause of death Pulmonary FibrosisInterment at Rural - SouthboroDate permit issued 5-12-61Certified by Philip S. Butler M. D.  
Worcester.

No. **61-9**

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97 Southboro Mass.

Name of deceased Charles S. Nichols

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on May 13 1961

Certified by Harold Stines  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Malcolm A. MacNeillAge 76 years 4 months 11 daysPlace of death Latisquame RdDate of death 5-12-61Cause of death Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 5-14-61Certified by Timothy P. Stone M. D.



No. 61-10

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Malcolm A. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.  
at .....  
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on May 15 1961

Certified by Karen J. Mearns  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-11

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Eugene S. McCarthy

Name of deceased Donald A. Kratzer

Age 40 years 10 months — days

Place of death Red Gate Lane, Southboro

Date of death 5/14/61

Cause of death Sudden Death, presumably Coronary Thromb.

Interment at Rural - Southboro

Date permit issued 5/16/61

Certified by Walter F. Mahoney med Examiner M. D.

No. 61-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Donald Arthur Kratzer

If a U. S. War Veteran, specify what war, organization, etc.

Capt., 6th Amid Div, WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on May 17 1961Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 61-12

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Irving W. Harper, Westboro

Name of deceased Herbert E. Banfill

Age 79 years 10 months 12 days

Place of death Middle Rd., Southboro

Date of death June 4, 1961

Cause of death Cerebral Hemorrhage.

Interment at Rural Cem., Southboro

Date permit issued June 5, 1961

Certified by Timothy P. Stone, M. D.

No. 61-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Herbert E. Banfill.If a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on June 6 1961Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-13

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Eastman Funl Serv. Inc.

Name of deceased Ruth W. Harrington

Age 60 years 2 months 26 days

Place of death Main St., S'boro

Date of death 6-24-61

Cause of death Sudden Death, presum. M.I.

Interment at Rural

Date permit issued 6/26/61

Certified by Mahoney - Med Exam M. D.



No. 61-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit) P.O. Box 97City or Town of Southboro Mass.Name of deceased Ruth W. HarringtonIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on June 27, 1961Certified by Harold Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-14

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Ignazio James Minucci

Age 80 years 2 months 8 days

Place of death Grove St., Southboro

Date of death 6/29/61

Cause of death Cerebral Thrombosis

Interment at Rural - Southboro

Date permit issued 7/2/61

Certified by Domenic P. Fiorentino M. D.

No. 61-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Ignazio James MinnucciIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass  
(Name of cemetery or crematory)on July 3 1961Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 61-15**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Emily M. Currie

Age

85

years

7

months

11

days

Place of death

Southernwoodland Rd

Date of death

October 3, 1961

Cause of death

Coronary Thrombosis

Interment at

Rural Cemetery, Southernwood

Date permit issued

October 6, 1961

Certified by

Walter Mahoney

M. D.

No. 61-15**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of Waltham Rd Southboro Mass.Name of deceased Smiley M. CurrieIf a U. S. War Veteran, specify what war, organization, etc.  
None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory)on Oct 7, 1961Certified by Harold Steins  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-16**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

John A. Kennedy

Name of deceased

Everett Arthur Trumpolt

Age

63

years

5

months

21

days

Place of death

White Bagley Road - Southham

Date of death

November 6 - 1961

Cause of death

Coronary Thrombosis

Interment at

Forestvale Cemetery, Hudson

Date permit issued

November 7, 1961

Certified by

Walter F. Mahoney <sup>Med Ex</sup> - M. D.



No. 61-16**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Halequiana Rd. Southboro Mass.Name of deceased Everett Arthur Townsend

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestvale Cemetery Hudson Mass  
(Name of cemetery or crematory)on Nov 9, 1961Certified by Henry Huber  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.





No.

62-17

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

F. A. Sansoucy + Son

Name of deceased

Daniel J. Gunn

Age

60

years

—

months

—

days

Place of death

Fay School

Date of death

March 20 - 1962

Cause of death

Sudden death presumably  
Coronary Thrombosis

Interment at

St. Anne's Cemetery, Fiskdale  
Mass

Date permit issued

March - 20 - 1962

Certified by

Walter F. Mahoney  
ST.

M. D.



No. 62-18

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Richard P. Caldwell <sup>Marshall</sup>

Name of deceased

Frances (Mary) Schmare

Age

84

years

months

days

Place of death

Duke Nursing Home

Date of death

3/27/62

Cause of death

Cerebral Vascular Thrombosis  
~~Arteriosclerosis~~

Interment at

Rural Cemetery Southboro

Date permit issued

March 28/1962

Certified by

Marilyn Meserve M. D.

No. 62-18**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

to

*Board of Health*  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances (Mary) Schware

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on Mar 29, 1962Certified by Lor Bertoni  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-19

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Richard P. Caldwell-Markham

Name of deceased William North Davis Sr.

Age 81 years months days

Place of death At Home - Main St. South

Date of death April 1, 1962

Cause of death Sudden Death Presumably -  
Coronary Thrombosis

Interment at Rural Cemetery South

Date permit issued April 2 - 1962

Certified by Walter F. Mahoney M. D.



No. 62-19**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

*Agent*  
 to Board of Health  
 (Office issuing permit)

City or Town of Southborough Mass.

Name of deceased William M. Davis Sr.

If a U. S. War Veteran, specify what war, organization, etc.

No

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
 (Name of cemetery or crematory)

on April 3 1962 - Cordaville Rd. Rte 85

Certified by Joe Bertoni  
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-20

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Edward C Sitkowski

Name of deceased Eva Sues

Age 74 years months days

Place of death Twinlake Road, Fayville  
Mass -

Date of death May 15 - 1962

Cause of death Sudden death  
Coronary ThrombosisInterment at St Joseph Cemetery  
Webster

Date permit issued May 15, 1962

Certified by Walter F. Maloney M. D.

No. 62-20**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Eva SussIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ST. JOSEPH'S WEBSTER  
(Name of cemetery or crematory)on MAY 18, 1962Certified by Rev. G. Leharoph  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



## COPY OF CERTIFICATE OF DEATH

# CERTIFICATE OF DEATH

## STATE OF NEW HAMPSHIRE

TOWN OR CITY  
CLERK'S NO. 131

1. NAME OF DECEASED (TYPE OR PRINT) <b>Alfred L. Otenti</b>			2. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 5, 1962</b>		
3. PLACE OF DEATH A. COUNTY <b>Strafford</b>			4. USUAL RESIDENCE A. STATE <b>Maine</b> B. COUNTY <b>York</b>		
B. CITY OR TOWN <b>Rochester</b>		C. LENGTH OF STAY (IN THIS PLACE)		C. CITY OR TOWN (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS) <b>Center Lebanon</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisbie Memorial Hosp.</b>			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>---</b>		E. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) <b>Doris Baker</b>	
9. DATE OF BIRTH <b>Nov. 29, 1899</b>	10. AGE (IN YEARS LAST BIRTHDAY) <b>62</b>	IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN.		11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Truck Driver, Ret.</b>	11B. KIND OF BUSINESS INDUS. <b>---</b>
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) <b>Fayville, Mass.</b>		13. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		14. FATHER'S NAME <b>Egidio Otenti</b>	
15. MOTHER'S MAIDEN NAME <b>Not known</b>			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) <b>No</b>		17. SOC. SEC. NO. <b>019-16-8408</b>
18A. INFORMANT <b>Doris B. Otenti</b>			18B. ADDRESS <b>Center Lebanon, Me.</b>		
19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (A) <b>Bilateral Bronchopneumonia</b>					<b>4 days</b>
DUE TO (B) <b>Duodenal ulcer with Hemorrhage</b>					<b>Chronic</b>
DUE TO (C) <b>Chronic Duodenal Ulcer</b>					<b>"</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A) <b>Chronic Pulmonary Fibrosis &amp; Emphysema - yrs.</b>					20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)		
21C. TIME OF INJURY MONTH DAY YEAR HOUR M. <b>6:20 P</b>					
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21F. CITY, TOWN OR LOCATION COUNTY STATE	
22. I attended the deceased from <b>June 1, 1962</b> to <b>June 5, 1962</b> and last saw <b>her</b> alive on <b>6-5-62</b>			Death occurred at <b>6:20 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
23A. SIGNATURE <b>Leo Klingner</b>		23B. ADDRESS (DEGREE OR TITLE) <b>M. D. Rochester, N. H.</b>		23C. DATE SIGNED <b>6-5-62</b>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>6-8-62</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rural</b>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Southboro, Mass.</b>					
24E. PLACE OF BURIAL (NAME OF CEMETERY)		LOCATION (CITY, TOWN, COUNTY) (STATE)		DATE	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Jas. H. Edgerly, Rochester, N. H.</b>		ADDRESS <b>Kenneth J. Jones</b>		COUNTERSIGNED-AGENT (CITY BD. OF HEALTH) <b>June 6/62</b>	
DATE REC'D BY TOWN OR CITY CLERK <b>June 11, 1962</b>		CLERK'S OWN SIGNATURE <b>D. Arlene Baker</b>		CLERK OF <b>Rochester</b>	

A true copy, Attest: *D. Arlene Baker* Clerk of **Rochester** Dated **July 12 1962**

VS 17 Received July 18, 1962

Town Clerk

EVANS 1731-1-10-61-10M





The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH

No. 62-21

# OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southboro November 16, 1962  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Henry A. St. Maurice  
(Name) (Address)

for the removal from \_\_\_\_\_, and the interment  
(To be filled out in case of removal)

at \_\_\_\_\_ Cemetery in \_\_\_\_\_, of the  
body of \_\_\_\_\_ who died \_\_\_\_\_ 19\_\_\_\_  
(Give full name of deceased) (Month) (Day) (Year)

age \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Cause of death \_\_\_\_\_

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death \_\_\_\_\_

Sina A. Torcolletti, Agent  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 62-21**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Sutton Mass.Name of deceased Henry A St MauriceIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No.

62-21

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of deceased

Henry A St. Maurice

Age

74

years

3

months

14

days

Place of death

Framingham Rd. Souters

Date of death

November 15, 1962

Cause of death

Fractured Skull - accident  
multiple fractures arm - leg

Interment at

Rural Cemetery

Date permit issued

November 16, 1962

Certified by

Walter Mahoney - Exam.  
med

M. D.

No. 62-21**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Henry A. St MauriceIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)on November 17, 1962Certified by Leo Bertozzi Supt. Jr. Bertozzi  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-22**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald Morris

Name of deceased

Raffaele Giombetti

Age

66

years

5

months

21

days

Place of death

Southboro

Date of death

December 4, 1962

Cause of death

Generalized Carcinoma  
metastatic

Interment at

Rural Cemetery

Date permit issued

December 6, 1962

Certified by

Joseph F. Annunziata

M. D.



No. 62-22

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Raphael Scimbelli  
*Raphael Scimbelli*If a U. S. War Veteran, specify what war, organization, etc.  
**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery  
(Name of cemetery or crematory)on December 2, 1962 - at Cordaville Rd. Rte #85Certified by Leo B. Torreggiani Supt. Southboro Cemetery  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald Morris  
Agent, Bd. of Health

Name of deceased

Ardazio G. Dragomani

Age

78

years

2

months

0

days

Place of death

Central Street  
Turnpike Road - Fayville

Date of death

Dec 14, 1962

Cause of death

Fractured Skull - accident  
Multiple fractures of legs & arms

Interment at

Rural - Southboro

Date permit issued

12-16-62

Certified by

W. F. Mahoney as Exam. med

M. D.

No. 62-23**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of PO Box 97 - Southboro, Mass.Name of deceased Quadazio G. DragonaniIf a U. S. War Veteran, specify what war, organization, etc.  
**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery  
(Name of cemetery or crematory)on December 18, 1962Certified by Leo Bertoni Leo Bertoni  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 62-24

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to William B. Ireland-Hudson

Name of deceased Clara S Robinson -

Age 84 years months 25 days

Place of death East Main St - Southboro

Date of death December - 29 - 62

Cause of death

Interment at Waterbury Cemetery Marblehead

Date permit issued December - 29 - 1962

Certified by Warren S Temple - M. D.

No.

No. 62-24

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of

PO Box 97 - Southboro

Mass.

Name of deceased

Clara S. Robinson

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Watuside Cemetery  
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on

Jan. 1, 1962

**Certified by**

Charles T. Bartlett

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-25

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Callahan Bros -

Name of deceased Helen M. (McConologue) Hagan

Age 51 years 8 months 24 days

Place of death Main St - Southboro

Date of death April 21, 1963

Cause of death Carcinoma, Right Breast

Interment at St Mary's Uxbridge, Mass

Date permit issued April 22, 1963

Certified by Timothy P Stone M. D.



No. 63-25**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board & Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Helen M. (McConaughy) HaganIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Marys Cemetery Uplbridge  
(Name of cemetery or crematory)on April 24 1963Certified by Joseph A. Shaughnessy  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-26**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Hobier Funeral Service

Name of deceased

Peter Elvin

Age

1

years

9

months

4

days

Place of death

Cordville Rd, Souderton

Date of death

July 10 - 1963

Cause of death

Asphyxiation by suffocation  
choking

Interment at

Dele Park Cemetery

Date permit issued

July 11, 1963

Certified by

Walter F. Mahoney,

M. D.

No. 63-26**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health -  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Peter Elwin

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Dell Park Cemetery Natick Mass.  
(Name of cemetery or crematory)on July 13 - 1963Certified by Gordon Peterson Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 63-27

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Donald Morris, Director

Name of deceased Louis J. Baldeeli

Age 59 years 1 months 8 days

Place of death At Home, Pleasant St Fayville, Mass

Date of death August 15, 1963

Cause of death Sudden death Presumably  
Coronary Thrombosis

Interment at Rural Cemetery - Southington

Date permit issued August 16, 1963

Certified by Walter F. Mahoney M. D.

No. 63-27**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Southboro, Mass. Mass.Name of deceased Louis J. Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

World War II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery  
(Name of cemetery or crematory)on August 17, 1963 - Cordaville Rd. Rte. # 85Certified by Leo Buttrick Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of deceased

Mark J. Banks

Age

~~8~~

years

~~135~~

months

13

days

Place of death

In Carriage - somewhere

Date of death

Aug 26 - 1963

Cause of death

Interstitial pneumonia

Interment at

Rural Cemetery

Date permit issued

Aug 27, 1963

Certified by

R Rattenhouse

M. D.



No. 63-28**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Mark J. Banks

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed  
of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory)

on August 28, 1963 - Cordaville Rd. Rte # 55

Certified by L. Barton  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Edith E. Cunningham

Name of deceased

William R. Freiler

Age

45

years

2

months

5

days

Place of death

Southern

Date of death

October 5, 1963

Cause of death

Sudden death pres.  
Coronary Thrombosis

Interment at

St. Dominics/Holmesburg Pa

Date permit issued

October 5, 1963

Certified by

Walter F. Mahoney M. D.



# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No. 63-29

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southboro  
(City or town)

October 5  
(Date)

1963

A satisfactory certificate of death having been filed, permission is hereby given to

William R Freiler  
(Name)

30 Rosehane Birmingham  
(Address)

for the removal from Southboro, and the interment  
(To be filled out in case of removal)

at St Dominics Cemetery in Holmesburg Pa of the

body of William R Freiler who died 19  
(Give full name of deceased) (Month) (Day) (Year)

age        years,        months,        days.

Cause of death       

If a U. S. War Veteran, specify what war, organization, etc.       

Residence at time of death       

Sara A. Wolcott, Agent  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



No. 63-29**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.

Name of deceased .....

If a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Richard P. Caldwell - Marion

Name of deceased

Bertha Maude (Bess) O'Leary

Age

86

years

2

months

21

days

Place of death

Hatigwana Rd. Souderton

Date of death

Oct 4, 1963

Cause of death

Abdominal Carcinomatosis

Interment at

Rural Cemetery Souderton

Date permit issued

Oct 7, 1963

Certified by

Jimmy P. Stone

M. D.

No. 63-30**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed.*Agent Board of Health  
to \_\_\_\_\_  
(Office issuing permit)City or Town of Southboro \_\_\_\_\_ Mass.Name of deceased Bertha Maude O'LearyIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on October 8, 1963 - Cordaville Rd. Rte. #85Certified by Leo Buttrick Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 63-31

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Joseph A. Roberts  
(O Coffin)

Name of deceased Louise B. Dunn

Age 70 years 1 months 9 days

Place of death Southboro - Gaff's House

Date of death October 6, 1963

Cause of death Sudden death, Pres.  
Coronary Thrombosis

Interment at Rural Cemetery

Date permit issued October 9, 1963

Certified by Walter J. Mahoney M. D.

No. 63-31**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agout Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Louise B. DunnIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)on October 9, 1963 - Cordaville Rd. Rte. # 85Certified by Leo Bunting Supt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-32**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Richard P. Caldwell

Name of deceased

Eva (Byard) Spurr

Age

84

years

0

months

28

days

Place of death

Marlboro Road, Southboro

Date of death

October 11, 1963

Cause of death

Coronary Thrombosis

Interment at

Rural Cemetery, Southboro

Date permit issued

October 12, 1963

Certified by

Timothy P Stone

M. D.



No. 63-32**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eva (Byard) SpurrIf a U. S. War Veteran, specify what war, organization, etc.  
**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass  
(Name of cemetery or crematory)on October 13, 1963 - Cordaville Rd. Rte. # 85Certified by Per. Bunting Super.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Slub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of deceased

Forrest L. Warren

Age

83

years

6

months

18

days

Place of death

White Bay Rd - Southern

Date of death

October 20, 1963

Cause of death

Cerebral Thrombosis

Interment at

huddow Cemetery, huddow  
Vermont

Date permit issued

October 21, 1963

Certified by

Timothy P. Stone

M. D.

No. 63-33

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Regt-Board of Health  
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Forrest L. WarrenIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at PLEASANTVIEW CEMETERY VT.  
(Name of cemetery or crematory)on Oct 23, 1963Certified by R. J. Miele  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.